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indicated unless corrected maintenance fee notification	below or directed otherwise ns.	in Block I, by (a) s	pecifying a	new correspondence	e address;	and/or (b) indicating a sepa	rate "FEE ADDRESS" for
	CE ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certi Fee(s) Transm papers. Each	ificate of r mittal. This additional	nailing can only be used for certificate cannot be used for paper, such as an assignme of mailing or transmission.	or domestic mailings of the or any other accompanying nt or formal drawing, must
31179 7	590 07/19/2005	PE	140	have its own o	certificate	of mailing or transmission.	
JAMES D. HALI BOTKIN & HALI 105 E. JEFFERSO SUITE 400	O' CEP 01?	1002 F.	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
SOUTH BEND, IN	10.32	20/	James	D. Ha	.11	(Depositor's name)	
•	William Commercial Com	EMAR	V JC		Jun	(Signature)	
			1 Sen		7.05	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/664,114	09/17/2003	Howard W		. Morgan		135-103 FILTER	4723
TITLE OF INVENTION: F	ILTER WITH SNAP-FIT F	LTER BAG	97/08/2005 SDENBOB2 00000023 10664114				
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APPLN, TYPE	SMALL ENTITY	ISSUE FEE	T	PUBLICATION F		TOTAL FEE(S) DUE	300.00 ND DATE DUE
nonprovisional	YES	\$700		\$300	1	\$1000	10/19/2005
<u> </u>			· .			\$1000	10/17/2003
. EXAMINER		ART UNIT		CLASS-SUBCLAS S			
PHAM, MINH CHAU THI				210-448000		,	
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Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a							
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	tion (or "Fee Address" Indica or more recent) attached. Use	tion form	registered attorney or agent) and the names of up to				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON THE	E PATENT	(print or type)			
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(A) NAME OF ASSIGN	(B) R	(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
		•		,			
Please check the appropriate	e assignee category or catego	ries (will not be printe	ed on the pa	atent): 🗖 Individua	al 🗖 Cor	poration or other private gro	up entity Government
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Typed or printed name James D. Hall Registration No. 24,893							
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